

# Best Available Copy

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<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. <b>57890286</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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<b>TOTAL IND.</b>	10							
<b>TOTAL DEP.</b>	7							
<b>TOTAL CLAIMS</b>								